## PATENT APPLICATION FES DE THUMBER PER PROPERTIES DE LA PR

Application or Docket Number

PA000007

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							· F	RATE FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00		BASIC FEE	710.00
					NOWBERTEATING		F		000.00	ОН		710.00
TOTAL CHARGEABLE CLAIMS			) minus 20=				L	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	,
* If	the difference	in column 1 is	ess than zero, enter "0" in			olumn 2	-	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II								•			OTHER	THAN
		(Column 1)		(Colu		(Column 3)	_	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 5	Minus	<u></u> 2	0	= <i>O</i>		X\$ 9=		OR	X\$18=	0
	Independent	· JU	Minus		<b>J</b>	- O		X40=		OR	X80=	0
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	LAIM	ل احل		+135=		OR	+270=	0
						- '	<b>-</b>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) ; (Column 2) (Column 3)												
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	<b>l</b>	X40=		OR	X80=	<i></i>
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								Q+	ŲН		
								+135=		OR	+270=	·
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
				•								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er four	nd in the app	propriate box	k in col	umn 1.	